

## PLACE OF BIRTH

1. County of Gila  
 District of Rice  
 Town of Rice

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Core Key  
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. Legitimate? yes  
 7. Date of birth 10/4/27  
 Month 10 day 4 year 27

FATHER		MOTHER	
8. Full name	<u>Francis Key.</u>	14. Full maiden name	<u>Helen Chinn.</u>
9. Residence (Usual place of abode)	<u>Rice, Ariz.</u>	15. Residence (Usual place of abode)	<u>Rice, Ariz.</u>
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race	<u>4/4 Indian</u>	16. Color or race	<u>4/4 Indian</u>
11. Age at last birthday <u>25</u> (Years)		17. Age at last birthday <u>16</u> (Years)	
12. Birthplace (city or place)	<u>Rice,</u>	18. Birthplace (city or place)	<u>Rice,</u>
(State or country)	<u>A. Z.</u>	(State or country)	<u>Ariz.</u>
13. Occupation	<u>common laborer.</u>	19. Occupation	<u>housewife.</u>
Nature of industry		Nature of industry	

20. Number of children of this mother { (a) Born alive and now living 1  
 (b) Born alive but now dead 2  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)  
 21. Were precautions taken against ophthalmia neonatorum? yes.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 B. on the date above stated.  
 (Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
 Signature C. H. Sawyer M.D.  
 (Physician or midwife)  
 Address San Carlos, Ariz.  
 Given name added from supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed \_\_\_\_\_, 19\_\_\_\_  
 C. H. Sawyer.  
 Local Registrar.

Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

228-1004-935